

RECEIVED
CENTRAL FAX CENTER

NOV 15 2005

TELECOPIER COVER SHEET

November 15, 2005

To: Assistant Commissioner for Patents	From: Estella Pineiro Patent Administrator 818-493-2251
Attention: TECHNOLOGY CENTER 3700 Examiner: M. Bockelman Art Unit: 3762	ST. JUDE MEDICAL CRMD 15900 Valley View Court Sylmar, California 91392-9221
Telecopier: 571-273-8300	Telecopier: 818/362-4795
RE: Response to Restriction Requirement App. No.: 09/981,652 Filed: 10/17/2001 Docket No.: SJ1-012 Confirmation No. 7570	Number of pages being sent: <u>14</u> (including cover page)

PLEASE DELIVER TO EXAMINER M. BOCKELMAN, Art Unit 3762.
Thank you.

NOV 15 2005

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**Applicant:** Mark W. Kroll**Confirmation No.:** 7570**Serial No.:** 09/981,652**Examiner:** M. Bockelman**Filed:** 10/17/2001**Art Unit:** 3762**Docket No.:** SJ1-012**For:** AUTOMATIC DEFIBRILLATION SHOCK ENERGY ADJUSTER**TRANSMITTAL LETTER, FEE AND CERTIFICATE OF MAILING**

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith for filing are the following documents:

- ☒ Amendment and Request for Reconsideration
☒ Transmittal Letter, Fee and Cert. of Mailing

CALCULATION OF FEES						
ITEM		NO. OF CLAIMS REMAINING AFTER AMENDMENT	NO. OF CLAIMS PREVIOUSLY PAID FOR	ADD'L CLAIMS FILED	LARGE ENTITY FEE	\$ FEE
A	TOTAL CLAIMS FEE	28	28	0	X \$ 0	\$ 0
B	INDEPENDENT CLAIMS FEE**	3	3	0	X \$ 0	0
C	MULTIPLE- DEPENDENT				X \$ 360	0
D	EXTENSION OF TIME FEE — 1-mon: \$110; 2-mon: \$430; 3-mon: \$980; 4-mon: \$1,530; 5-mon: \$2,080					0
E	ADDITIONAL FEES (i.e., Surcharge – Late Fee- Declaration; Petitions; Information Disclosure Statement; Terminal Disclaimer, etc.) Specify:					
F	TOTAL ADDITIONAL FEE** (ADD TOTALS FOR LINES A,B,C,D, and E)					\$0**

<input checked="" type="checkbox"/> Charge Deposit Account No. 16-0068 the amount of	\$0 **	A copy of this letter is enclosed.
--	---------------	---

PATENT

- X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0068
- X Any additional filing fees required under 37 CFR 1.16.
- X Any patent application processing fees under 37 CFR 1.17.
- X The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 16-0068
- X Any patent application processing fees under 37 CFR 1.17.
- X Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,

Date:

11/15/05



Ronald S. Tamura
Attorney for Applicants
Reg. No. 43,179

CUSTOMER NUMBER: 36802

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on:

November 15, 2005


Estella Pineda

11/15/05
Date

NOV 15 2005

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**Applicant:** Mark W. Kroll**Confirmation No.:** 7570**Serial No.:** 09/981,652**Examiner:** M. Bockelman**Filed:** 10/17/2001**Art Unit:** 3762**Docket No.:** SJ1-012**For:** AUTOMATIC DEFIBRILLATION SHOCK ENERGY ADJUSTER**AMENDMENT AND REQUEST FOR RECONSIDERATION**

I hereby certify that this correspondence is facsimile transmitted
to the United States Patent and Trademark Office on:

Mail Stop Amendments
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

November 15, 2005

Estelle Pineda 11/15/05
Estelle Pineda Date

Dear Sir:

In response to the Office Action dated August 23, 2005, please amend the
above-identified patent application as follows: